

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005935

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 3020Registrar's No. 54

STATE FILE NUMBER

FILED MAR 11 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Franklin</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>
<u>0365</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington, Mo.</u>	c. CITY <u>St. Clair, Mo.</u>
<u>0362</u>		Length of stay in 1b <u>6 Days</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>	d. STREET ADDRESS (If outside, give location) <u>90 Hibbard St.</u>
4 <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5 <u>1</u>	INSTEAD OF	3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>H.</u> Last <u>HOBELMANN</u>	4. DATE OF DEATH Month <u>March</u> Day <u>4</u> Year <u>1963</u>
6		5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7 <u>0</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 2, 1883</u>
8 <u>0</u>		9. AGE (last birthday) <u>79</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Shoe Worker</u>
<u>94200</u>	DOCUMENT	11. BIRTHPLACE (City and state or country) <u>St. Louis County, 36, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
10		13a. FATHER'S NAME <u>Fritz Hobelmann</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bauer</u>
11		14. NAME OF HUSBAND OR WIFE <u>Elenora Hobelmann</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>
12 <u>2-0</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT Address <u>Eugene Hobelmann, 9915 Ashmont Dr.</u>
13 <u>5-0</u>	MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
		20c. TIME OF INJURY Hour <u>2:00</u> a.m. <u>p.m.</u> Month, Day, Year <u>Feb 24, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
	BY AFFIDAVIT OF	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>St. Clair, Mo.</u> COUNTY <u>Franklin</u> STATE <u>Missouri</u>
		21. I attended the deceased from <u>Feb 24, 1963</u> to <u>Mar 4, 1963</u> and last saw <u>her</u> him alive on <u>Mar 4, 1963</u> Death occurred at <u>2:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <u>Lee B. Heutel MD</u> (Degree or title)
		22b. ADDRESS <u>Washington, Mo.</u>	22c. DATE SIGNED <u>Mar 5, 1963</u> (State)
		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 7, 1963</u>
		23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Catholic Cem.</u>	23d. LOCATION (City, town, or county) <u>Moselle, Missouri</u>
		24. FUNERAL DIRECTOR ADDRESS <u>Sherwood W. Kitchell, St. Clair, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3/6/63</u>
		26. REGISTRAR'S SIGNATURE <u>Lee B. Heutel</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

MAR 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Shenwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.